

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY**

In re:

JACK HEINZ SANDAU
LORETTA MARIE SANDAU
Debtor(s)

Case No. 18-17467

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Marie-Ann Greenberg, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 04/15/2018.
- 2) The plan was confirmed on 11/19/2018.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 09/11/2019.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on 03/01/2019, 07/08/2019, 12/11/2019.
- 5) The case was dismissed on 02/24/2020.
- 6) Number of months from filing or conversion to last payment: 21.
- 7) Number of months case was pending: 22.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$107,531.52.
- 10) Amount of unsecured claims discharged without full payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$2,100.00
Less amount refunded to debtor	\$0.00

NET RECEIPTS: \$2,100.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$100.40
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$100.40

Attorney fees paid and disclosed by debtor: \$1,800.00

Attorney Fees:

Payee Name	Payee Type	Paid Outside	Paid Via Plan
JONATHAN STONE ESQ	Attorney Fee	\$1,800.00	\$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ATLANTIC AMBULANCE CORP.	Unsecured	291.60	NA	NA	0.00	0.00
BARN HILL CARE CENTER	Unsecured	2,350.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Priority	2,000.00	NA	NA	0.00	0.00
KESSLER PROFESSIONAL SERVICES	Unsecured	339.00	NA	NA	0.00	0.00
NEW PENN FINANCIAL LLC	Secured	0.00	0.00	0.00	0.00	0.00
NEWTON MEDICAL CENTER	Unsecured	179.77	NA	NA	0.00	0.00
OMNICARE, INC.	Unsecured	47.67	NA	NA	0.00	0.00
OVERLOOK HOSPITAL/ATLANTIC HE	Unsecured	4,080.02	NA	NA	0.00	0.00
OVERLOOK HOSPITAL/ATLANTIC HE	Unsecured	1,941.04	NA	NA	0.00	0.00
PORTFOLIO RECOVERY ASSOCIATES	Unsecured	2,688.00	2,077.95	2,077.95	381.87	0.00
TOWNSHIP OF FREDON	Secured	0.00	NA	NA	0.00	0.00
VINCENT R. VICCI, JR., O.D.	Unsecured	350.00	NA	NA	0.00	0.00
WELLS FARGO CARD SERVICES	Unsecured	7,000.00	8,803.11	8,803.11	1,617.73	0.00

Summary of Disbursements to Creditors:			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$10,881.06	\$1,999.60	\$0.00

Disbursements:		
Expenses of Administration	<u>\$100.40</u>	
Disbursements to Creditors	<u>\$1,999.60</u>	
TOTAL DISBURSEMENTS :		<u>\$2,100.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 02/25/2020

By: /s/ Marie-Ann Greenberg

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case , therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.